## Written Notice

Section I				
Employee's Name		Agen	ncy	
Offense Date(s)	Issued Date	Inactive Date*_		
Issued by:Print name	Title	Signatu		<ul> <li>Inactive date is the issued date:</li> <li>plus 2 years for a Group I,</li> <li>plus 3 years for Group II, or</li> <li>plus 4 years for Group III.</li> </ul>
Section II - Offense				plus 4 years for Group III.
		ee Addendum for Written Notice		
Nature of Offense and Evidence Documentation attached? Yes	ce: Briefly describe the offense :;;;	and give an explanation of the ev No	idence. (Additional do	cumentation may be attached.)
Section III – Disciplin	ary action taken in add	dition to issuing written	notice	Dave Suspended **
	Date Da	Return to Work	Date/Time	Days Suspended
	on (check below as appropriate with% disciplinary pay	priate) reduction*** effective		: FLSA exempt employees may be ded in whole days only.
		% disciplinary pay reduction*	Date	
Demotion to lowe	er Pay Band with% disc	riplinary pay reduction*** effecti	ve Date	***Note: Salary reduction of at least 5% is required. Also requires HR approval
_				-
	onEffective Date	<del></del>		
Section IV – Circums	tances considered			
	background information used tattached.) Documentation attached?	o mitigate (reduce) or to support Yes, # of pages	the disciplinary action No	
Section V - Notice to o	employee			
It is expected that the situation description outlined in your Employee Work Properformance rating. In the event of Conduct Policy. If you wish to a days of your receipt of this Written	ribed above will be corrected immedi rofile. A Written Notice may be use that this situation is not corrected, or appeal this disciplinary action, you en Notice. For more information abolution (EDR) at (804) 786-7994, tol	ately in accordance with the Standards ed in place of a Notice of Improvement another offense occurs, you may be suit may do so under the provisions of to the Employee Grievance Procedure Il-free at 1-888-23-ADVICE (1-888-23).	ent Needed Form, and bject to further disciplina he Employee Grievance contact the Department	may affect your overall ary action as outlined in the Standards e Procedure within 30 calendar of Human Resource Management's
	e s signature		Data	
Your signature only acknowledge	es receipt of the notice and notes th	ne date of receipt. Your signature doory will be asked to initial the form indicate	es not imply agreement o	r disagreement with the notice itself.
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## Form 129-01-004 (Revised 03/25/19)

## WRITTEN NOTICE OFFENSE CODES

01	Attendance/excessive tardiness			
02	Leaving work without permission			
03	Failure to report without notice			
04	3 days absent without authorization			
11	Unsatisfactory Performance			
12	Uniform violation/personal grooming			
13	Failure to follow instructions and/or policy			
14	Safety rule violation			
31	Violation of Policy 1.05, Alcohol and Other Drugs			
33	Violation of Policy 2.05, Equal Employment Opportunity			
35	Abuse of state time			
36	Obscene or abusive language			
37	Disruptive behavior			
38	Conviction of moving traffic violation while using a state vehicle			
39	Violation of Policy 2.35, Civility in the Workplace			
51	Unauthorized use of State property or records			
52	Computer/Internet misuse			
53	Failure to report misdemeanor (if required)			
54	HIPAA violation			
55	Fraternization with patient/inmate/client			
56	Insubordination			
57	Refusal to work overtime as required			
71	Sleeping during work hours			
72	Theft			
73	Threats or Coercion			
74	Falsifying records			
75	Gambling			
76	Criminal conviction			
77	Damaging state property or records			
78	Interference with state operations			
79	Unlawful weapons possession			
81	Patient/inmate/client abuse			
99	Other (describe)			